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RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

1 MICHAEL C. SULLIVAN (SBN 131817)
Email: msullivan@paulplevin.com
2 MARTINA M. NAGLE (SBN 160983)
Email: mnagle@paulplevin.com
3 PAUL, PLEVIN, SULLIVAN & CONNAUGHTON LLP
401 B Street, Tenth Floor
4 San Diego, California 92101-4232
Telephone: 619-237-5200
5 Facsimile: 619-615-0700

6 Attorneys for Defendants
FRONTIER AIRLINES, INC., REPUBLIC AIRWAYS
7 HOLDINGS, INC. AND ROGER SORENSEN

8
9 UNITED STATES DISTRICT COURT

10 NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION

11 KHAN MICHAEL ORDONEZ,

12 Plaintiff,

13 v.

14 FRONTIER AIRLINES, REPUBLIC
AIRWAYS HOLDINGS, ROGER
15 SORENSEN,

16 Defendants.

CASE NO.

13

0940

DECLARATION OF JACALYN W. PETER
IN SUPPORT OF NOTICE OF REMOVAL
OF ACTION UNDER 28 U.S.C. § 1441
(DIVERSITY - 28 U.S.C. § 1332)

San Mateo Superior Court
Case No. CTV519071

Complaint Filed: January 11, 2013

MEJ

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18
19 I, JACALYN W. PETER, declare as follows:

20 1. I am the Director, Human Resources & Labor Relations, for defendant Frontier
21 Airlines, Inc. ("Frontier") in this action, and have held this position since November 2011. From
22 November 2009 to November 2011, I held the position of Senior Manager, Labor Relations, at
23 Frontier. From April 2008 to November 2009, I held the position at Frontier of Senior Manager.
24 Workforce and Labor Relations. From December 2005 to November 2007, I held the position of
25 Corporate Counsel at Frontier. I make this declaration in support of Defendants' Notice of
26 Removal of Action. Frontier is a wholly-owned subsidiary of defendant Republic Airways
27 Holdings, Inc. ("Republic"). I have personal knowledge of the facts set forth in this declaration.
28

PAUL, PLEVIN,
SULLIVAN &
CONNAUGHTON LLP

DECLARATION OF JACALYN W. PETER IN
SUPPORT OF NOTICE OF REMOVAL OF
ACTION UNDER 28 U.S.C. § 1441

1

FILE VIA FAX

1 or know them in my capacity as the Director, Human Resources & Labor Relations, for Frontier,
 2 based on records that Frontier, and Republic, each keep in the regular course of their business,
 3 and could and would competently testify to them under oath if called as a witness.

4 2. Frontier, is now and was at the time this action was commenced, a corporation
 5 incorporated under the laws of the State of Colorado, with its principal place of business in
 6 Colorado. The majority of Frontier's executive and administrative functions are performed, and
 7 the majority of Frontier's executive and administrative officers are located in Colorado.

8 3. Republic, is now and was at the time this action was commenced, a corporation
 9 incorporated under the laws of the State of Delaware, with its principal place of business in
 10 Indiana. The majority of Republic's executive and administrative functions are performed, and
 11 the majority of Republic's executive and administrative officers are located in Indiana.

12 4. I have reviewed the personnel file and records of plaintiff Khan Michael Ordonez
 13 ("Mr. Ordonez") which are kept and maintained by Frontier in the ordinary course of its business
 14 and Frontier has a duty to accurately record such information. Attached hereto as Exhibit 1 are
 15 true and correct copies of two records from Mr. Ordonez' personnel file, Frontier Benefits New
 16 Enrollment Form (with SSN redacted) and Frontier Airlines, Inc. Long Term Disability and
 17 Supplemental Life Insurance Enrollment Form, reflecting Mr. Ordonez' date of birth as April 29,
 18 1972. Mr. Ordonez' employment with Frontier was terminated on September 3, 2010, when he
 19 was several years younger than 40 years of age.

20 I declare under penalty of perjury under the laws of the United States of America that the
 21 foregoing is true and correct.

22 Executed this 28th day of February, 2013 at Denver, Colorado.

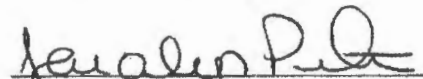
23 
 24 JACALYN W. PETER
 25
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EXHIBIT 1

FRONTIER. Benefits

2006 SFO New Enrollment Form

Date Sent:	June 7, 2006
Return Completed Form By:	June 22, 2006

Employee Name: <u>KHAN ORDINEZ</u>	Social Sec No: <u>[REDACTED]</u>
Employee Address: <u>SOUTH SAN FRANCISCO, CA 94080</u>	Birth Date: <u>APRIL 29, 1972</u>
Phone Home: <u>[REDACTED]</u>	Age: <u>34</u>
Work: <u>[REDACTED]</u>	Date of Hire: <u>MAY 17, 2006</u>
	Effective Date: <u>June 1, 2006</u>

Listed below are your Benefits 2006 options and costs. The costs shown are per pay period. Please review the Benefits 2006 Guide to Enrollment for a description of the options available to you. Then, when you are ready to enroll, complete this form, selecting the options you want. All Sections of this form must be completed. Be sure to list all family members who are to be enrolled. It may be helpful to have your printed enrollment materials nearby for reference as you complete the form.

Family Information for Eligible Spouse and Children					
Please refer to the sheet titled "Addition of Dependents" for more information regarding the documentation needed to enroll eligible dependents.					
	Name	SSN	Sex	Relationship	Birth Date
1	<u>MELISSA ORDINEZ</u>	<u>[REDACTED]</u>	<u>MALE</u>	<u>Employee</u>	<u>APRIL 29, 1972</u>
2	<u>MELODY ORDINEZ</u>	<u>[REDACTED]</u>	<u>FEMALE</u>	<u>SPOUSE/WIFE</u>	<u>SEP 10, 1964</u>
3					
4					
5					
6					

If you have more dependents to list, please provide their information on a separate sheet.

Medical Coverage	EMP ONLY	EMP PLUS 1	EMP & FAMILY
Pacific Care HMO	<input type="checkbox"/> \$0.00	<input checked="" type="checkbox"/> \$164.34	<input type="checkbox"/> \$299.06
No Coverage	<input type="checkbox"/>		

If you select "No Coverage" above, you must complete the following:

I understand that selecting "No Coverage" leaves me with no medical coverage from Frontier Airlines, Inc and that I will be unable to obtain Company medical coverage during 2005 unless I have a qualifying life event.

Employee Signature: _____

Date: _____

Dental Coverage	EMP ONLY	EMP & SPOUSE	EMP & CHILD(REN)	EMP & FAMILY
Delta Dental PPO	<input type="checkbox"/> \$12.47	<input checked="" type="checkbox"/> \$21.65	<input type="checkbox"/> \$28.84	<input type="checkbox"/> \$38.03
No Coverage	<input type="checkbox"/>			

Vision Coverage	EMP ONLY	EMP & SPOUSE	EMP & CHILD(REN)	EMP & FAMILY
Superior Vision PPO	<input type="checkbox"/> \$3.30	<input checked="" type="checkbox"/> \$7.28	<input type="checkbox"/> \$5.50	<input type="checkbox"/> \$9.99
No Coverage	<input type="checkbox"/>			

Read Authorization, Sign and Date I have indicated my selections above and authorize the Company to make the payroll deductions necessary for the selections I have made. I understand that the cost of my selections may change. I also understand that my selections will remain in effect until I make a selection during the open enrollment period or within 31 calendar days after a qualifying life event. I understand that if I acquire or lose a dependent, I am responsible for notifying the Benefits Resource Center within 31 calendar days after the event.

I authorize all hospitals, physicians, other medical service providers, pharmacies, employers, and all other agencies and organizations to release any information requested by the Plan Administrator, insurer, Claims Administrator, or their authorized agents, for the purpose of determining benefits payable in conjunction with these plans. I agree that a photocopy of this authorization for release of information shall be considered as effective and valid as the original.

Employee Signature: _____

Khan Ordinez

Date: JUNE 8, 2006

Please Continue on Side Two

FA 000073

FRONTIER AIRLINES, INC.

Long Term Disability and Supplemental Life Insurance Enrollment Form

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Name:	Khan M. Ordonez			Employee ID #:	11505
Title:	Customer Svc Agent			Date of Birth:	April 29, 1972 Age: 34
Address:				Date of Hire:	May 12, 2006
City:	South San Francisco	ST:	CA	Zip:	Effective Date: August 1, 2007
	94080				

The following costs were calculated based on your age as of January 1, 2007, your annual salary and 24 (Semi-Monthly) deductions. Your employer provided this information to Hartford Life, please contact your benefits administrator immediately if it is incorrect.

Voluntary Long Term Disability Insurance

You have the opportunity to enroll in Frontier Airlines, Inc.'s Voluntary Long Term Disability (LTD) Insurance plan. LTD Insurance helps to replace your income if you are sick or injured and cannot work and is designed to begin after you have been Disabled for a predetermined waiting period, known as the elimination period, of 180 days. This plan provides you with income protection to replace up to 60% of your regular pay, to a maximum monthly benefit of \$3,000. Employees electing coverage for the first time will be required to provide evidence of good health that is satisfactory to Hartford Life before coverage can become effective.

Our records indicate that you are not currently enrolled in the Voluntary Long Term Disability Insurance Plan.

- ☒ I elect to enroll in the Voluntary LTD plan at a Semi-Monthly cost of \$2.39.*
- ☐ I elect to decline the Voluntary LTD plan.
- ☐ I elect to continue my current coverage in the Voluntary LTD plan.

*Your cost may change if your age category or salary changes within the benefits plan year.

Supplemental Life Insurance - Employee

You have the opportunity to enroll in Frontier Airlines, Inc.'s Supplemental Life Insurance plan. Your election may be made in increments of \$10,000, not to exceed 5 times your salary or \$500,000, whichever is less. Employees currently enrolled in the Supplemental Life Insurance plan may increase their current coverage up to the guaranteed issue amount of \$100,000 without providing evidence of good health that is satisfactory to Hartford Life. Employees currently enrolled in the Supplemental Life Insurance plan who elect a coverage amount that exceeds the guaranteed issue amount of \$100,000, will need to provide evidence of good health that is satisfactory to Hartford Life before the excess can become effective. Previously eligible employees who declined coverage will need to provide evidence of good health that is satisfactory to Hartford Life before ANY coverage can become effective. Semi-Monthly costs, based on your age, are shown below. You must complete the Beneficiary Designation section below.

Our records indicate that you are currently enrolled in the Supplemental Life Insurance Plan in the amount of \$0.00.

Life Amounts*	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Semi-Monthly Cost*	\$0.39	\$0.77	\$1.16	\$1.54	\$1.93	\$2.31	\$2.70	\$3.08	\$3.47	\$3.85

To determine the cost for Supplemental Life coverage in excess of \$100,000, add the cost of insurance for \$100,000 to the amounts over \$100,000 that you wish to elect. For example, to calculate the cost for \$150,000, add the Semi-Monthly cost for \$100,000 of coverage to the Semi-Monthly cost for \$50,000 of coverage.

- ☐ I elect to enroll in the Supplemental Life plan for \$50,000 at a Semi-Monthly cost of \$1.93.*
- ☐ I elect to decline the Supplemental Life plan.
- ☐ I elect to continue my current coverage in the Supplemental Life plan.

*Your cost may change if your age category changes within the benefits plan year.

*Note: Benefit reductions begin at age 65. If you are or over the age of 65, the Semi-Monthly costs shown are calculated based on your reduced benefit amount, not the employee life amount shown. Please see your benefits administrator for further information.

Supplemental Life Insurance - Spouse

If you elect the Supplemental Life plan for yourself, you may elect Supplemental Life coverage for your Spouse. Your election may be made in increments of \$5,000 not to exceed the lesser of 100% of your employee Supplemental Life election or \$500,000. If you elect an amount that exceeds the guaranteed issue amount of \$25,000, your spouse will need to provide evidence of good health that is satisfactory to Hartford Life before the excess can become effective. Supplemental Spouse rates and premiums are based on the employee's age, not the Spouse's age.

Our records indicate that your Spouse is currently enrolled in the Supplemental Life Insurance Plan in the amount of \$0.00.

Life Amounts*	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Semi-Monthly Cost*	\$0.19	\$0.39	\$0.58	\$0.77	\$0.96	\$1.16	\$1.35	\$1.54	\$1.73	\$1.93

FA 000069

01037

1 *Ordonez v. Frontier Airlines*
USDC – Northern District Case No.

2 **PROOF OF SERVICE**

3 I, the undersigned, hereby declare that I am over the age of eighteen years and not a party
4 to this action. I am employed, or am a resident of, the County of San Diego, California, and my
5 business address is: Paul, Plevin, Sullivan & Connaughton LLP, 101 West Broadway, Ninth
Floor, San Diego, California 92101-8285.

6 On March 1, 2013, I caused to be served the following document(s):

- 7 • **DECLARATION OF JACALYN W. PETER IN SUPPORT OF NOTICE OF
8 REMOVAL OF ACTION UNDER 28 U.S.C. 1441 (DIVERSITY – 28 U.S.C. 1332)**

9 on the interested party (ies) in this action by placing a true copy thereof and addressed as follows:

10 Kenneth C. Absalom
11 Law Office of Kenneth C. Absalom
12 275 Battery Street, Suite 200
13 San Francisco, CA 94111
Telephone: (415) 392-5040
Facsimile: (415) 392-3729
kenabsalom@333law.com

14 ☒ (By **MAIL SERVICE**) I then sealed each envelope and, with postage thereon fully
15 prepaid postage, I placed each for deposit with United States Postal Service, this same
day, at my business address shown above, following ordinary business practices.

16 ☒ (Federal) I declare that I am employed by the office of a member of the bar of this court
at whose direction the service was made.

17 Executed March 1, 2013, at San Diego, California.

18
19 
20 Julie M.W. Szotek